

## **OHIO WATER ENVIRONMENT ASSOCIATION 2017 SAFETY RECOGNITION PROGRAM**

Dear Wastewater Professional:

In order to increase the level of safety in the wastewater industry, the Safety Committee of the OWEA conducts a safety recognition program to reward systems with good safety programs. There are three (3) possible levels of recognition: **OWEA Safety Certificate, OWEA Safety Award, and the WEF Burke Award.**

Award will be selected from the following categories:

1. 1 - 9 Person Collections
2. 1 - 9 Person Wastewater Treatment Facility
3. 10 - 20 Persons Collections
4. 10 - 20 Person Wastewater Treatment Facility
5. Over 20 Person Collections
6. Over 20 Person Wastewater Treatment Facility

In documenting your award package, do not try to dazzle the Committee with quantity. Do not include countless pages of SOP's, written programs and other materials that can be derived from countless sources and consultants. Instead, provide proof that your program is actually complied with. Course sign-in sheets, tests, certificates, inspection sheets and receipts are examples of solid documentation. In addition, a member of the OWEA Safety Committee will visit potential winners so that submitted information can be clarified and verified.

Applications and supporting documents must be submitted to your section Safety Committee representative by **March 7, 2018.**

<b>OWEA Safety Committee Co-Chair</b> Mike Welke City of Warren 2323 Main Ave SW Warren, OH 44481-9603 T: 330.841.2591 E: <a href="mailto:mwelke@warren.org">mwelke@warren.org</a>	<b>OWEA Safety Committee Co-Chair</b> Nathan Coey City of Pataskala 621 W. Broad Street Pataskala, OH 43062 T: 740.927.4134 E: <a href="mailto:ncoey@ci.pataskala.oh.us">ncoey@ci.pataskala.oh.us</a>
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**Check the awards that you are applying for:**

**Burke Award**       **Safety Award**       **Safety Certificate**

**1. Respondent Information**

**NAME OF SYSTEM:** \_\_\_\_\_

**PERSON IN CHARGE OF SYSTEM:** \_\_\_\_\_

**PERSON IN CHARGE OF SAFETY PROGRAM:** \_\_\_\_\_

**COMPLETE MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**2. Site Information**

Copy this package, if necessary, and submit a separate application for treatment and/or collections. If the same personnel maintain both, allocate half to each.

**Type of application (treatment or collections)** \_\_\_\_\_

**Number of employees** \_\_\_\_\_

**System size (MGD or miles of sewer)** \_\_\_\_\_

**3. Accident and Injury Reporting:** Please provide the OSHA Form 300A "Summary of Work Related Injuries & Illness" with this application.

**4. Safety Program:** Please provide the following information about your Safety Programs currently in place at your facility.

**A. Indicate the status of the following programs by checking a response.**

	Program in place	Program is being developed	Program is not applicable to our system
Accident Prevention / Investigation Program			
Bloodborne Pathogen Exposure Plan and Training			
Crane/Hoists Training and Inspection			
Emergency Action Plan			
First Aid / CPR Training			
Hearing Protection and Training Program			
Lockout /Tagout Program			
Permit Required Confined Space Program			
Personal Protective Equipment Program			
Respiratory Protection Program			
Fall Protection Program			
A copy of WEF's MOP-SM1			
Copies of the OSHA Standards available to all employees			
Documentation of all inspections and maintenance of safety equipment.			
A program to promote good personal hygiene			
Require and document vehicle safety inspections			
Conduct regularly scheduled safety meetings			
A written Hazardous Communication Program			
Laboratory chemical hygiene plan			
Emergency showers and / or eyewashes near chlorinators or other hazardous locations			
Copies of required material safety data sheets for each hazardous chemical in the workplace and are available to all employees during their work shift			
An OSHA or Public Employee Risk Reduction Poster			

**B. Please check Y or N to the following questions and provide additional information as needed:**

- Y  N Are all of your personnel required to have and use approved safety glasses, hard hats and safety footwear?
- Y  N Are all of your personnel aware of the organization's Safety & Health Manual?
- Y  N Does every employee attend a regularly scheduled safety meeting?
- Y  N Was anyone disciplined during the year for a violation(s) of a safety rule.
- Y  N Does your organization have a Trenching and shoring program?
- Y  N Are employees offered the Hepatitis B vaccines?
- Y  N Does your organization possess and train on the use of portable fire extinguishers?

**5. Accident Information**

Type of system	_____
Total number of accidents / illnesses	_____
Total number of deaths	_____
Total number of accidents resulting in loss time days	_____
Total number of loss time days	_____
Total number of man hours worked	_____
Number of employees	_____

**6. Examples of documentation to be submitted for Burke Award and OWEA Safety Award consideration.**

1. Course sign-in sheets for 2015 indicating those in your organization that received and stay current with required safety training.
2. Certificates of safety training.
3. Current safety inspection sheets.
4. Safety audit documentation.
5. Any documentation that would indicate that a safety deficiency has been corrected.
6. Documentation indicating the purchase of safety equipment or any other safety improvements.

In summary, the Committee wants to see any **current** documentation that demonstrates your safety program is actually in use in your workplace, that your employees receive required safety training, and that you are working to identify and correct safety deficiencies.